PTO/98/80 (11-08)

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Assignee Name and Address:		
Hoshiko LLC		
1489 W. Warm Springs Rd., Suite 110		
Henderson, Nevada 89014		
A copy of this form, together with a statement under a filed in each application in which this form is used. T	17 CFR 3.73(b) (Form PT	O/SB/96 or equivalent) is required to be
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SIGNATURI The individual whose signature and title is su	of Assignee of Record	act on behalf of the assignee
TI OAB	ppned below is authorized to	
Signature AMD	ppned below is audiorized to	Date 7-9-09
Signature Jayon Name Tiffany Clayton	ppned below is sumorized in	1 -10.40

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DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(ii)

I, Tiffany Clayton (whose title is supplied below), hereby declare that I am authorized to sign on behalf of Hoshiko LLC.

Tiffany Clayton, Authorized Person for Hoshiko LLC 2-1-09
Date